FORM D

1014383

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### FORM D



NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL				
OMB Number:	3235-0076			
Expires:	May 31, 2002			
Estimated average bu	rden			
hours per response	1.00			

	SEC USE ONLY	
Prefix		Serial
	DATE RECEIVED	

Name of Offering ([]) check if this is an amen	dment and name has changed, and indicate cl	nange.)		
<b>Onyx Software Corporation Common Stoc</b>	k			, e
Filing Under (Check box(es) that apply):	[ ] Rule 504 [ ] Rule 505	[X] Rule 506	[ ]Section 4(6)	[] ULOE
Type of Filing: [X] New Filing	[ ] Amendment			
	A. BASIC IDENTIFICATION	DATA		SELENED CONTRACTOR
Enter the information requested about the	e issuer		. A	Anne ger ge
Name of Issuer ([ ] check if this is an amend	ment and name has changed, and indicate cha	inge.)		The state of the s
Onyx Software Corporation	-	-	1/4%	<u></u>
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (In	ncluding Area Cod	e) 10 10 10 10 10 10 10 10 10 10 10 10 10
1100 112th Avenue N.E., Suite 100, Bellevu	e, Washington 98004	(425) 451-8060		`\\! <b>O</b> I//!!
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (I	ncluding Area Cod	e) 📈
(if different from Executive Offices)				
				ccfl)
Brief Description of Business Developer and	seller of computer software.			BBOCEPARE
Type of Business Organization				cifyAPR 16 2004
[X] corporation	[ ] limited partnership, already formed	ſ	other (please spe	cify APR 10 200
] business trust	[ ] limited partnership, to be formed			THOMSON
	Month Ye	ar		FINANCIAL
Actual or Estimated Date of Incorporation or	Organization: [02] [94	] [	X] Actual	[ ] Estimated
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Servi	ce abbreviation for State	e:	
·	CN for Canada: EN for foreign in			LYN A 1

## GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

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# A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition, of, 10% or more of a class of equity securities of the issaer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner [ ] General and/or Managing Partner	[X] Executive Officer	[X] Director
Full Name (Last name first, if indiv			
Business or Residence Address (Nu 1100 112th Avenue N.E., Suite 10	omber and Street, City, State, Zip Code)  0, Bellevue, Washington 98004		
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner [ ] General and/or Managing Partner	[X] Executive Officer	[ ] Director
Full Name (Last name first, if indiv	idual)		
Frankenberg, Eben	imber and Street, City, State, Zip Code)		
1100 112th Avenue N.E., Suite 10			
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[X] Executive Officer	[ ] Director
	[ ] General and/or Managing Partner		
Full Name (Last name first, if indiv	idual)		
Henry, Brian			
1100 112th Avenue N.E., Suite 10	imber and Street, City, State, Zip Code)		
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner [ ] General and/or Managing Partner	[X] Executive Officer	[ ] Director
Full Name (Last name first, if indiv			
Kelleran, Amy			
	umber and Street, City, State, Zip Code)		
Cheek Boy(ex) that (analysis		[V] F	[ 1 Diseases
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner [ ] General and/or Managing Partner	[X] Executive Officer	[ ] Director
Full Name (Last name first, if indiv			
Mader, Mark			
Business or Residence Address (Nu	umber and Street, City, State, Zip Code)		
1100 112th Avenue N.E., Suite 10			
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner [ ] General and/or Managing Partner	[X] Executive Officer	[ ] Director
Full Name (Last name first, if indiv	ridual)		
Rusiness or Residence Address (Nu	imber and Street, City, State, Zip Code)		
1100 112th Avenue N.E., Suite 10			
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[X] Executive Officer	[ ] Director
	[ ] General and/or Managing Partner		
Full Name (Last name first, if indiv	ridual)		
Dauber, Paul	1 10 (0) (0) (1)		
Business or Residence Address (No. 1100 112th Avenue N.E., Suite 10	umber and Street, City, State, Zip Code)		
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[X] Executive Officer	[ ] Director
chock Bon(co) ular, apply.	General and/or Managing Partner	[14] Encount of theel	[ ] 2
Full Name (Last name first, if indiv	<del></del>		
Kiker, Benjamin			
	umber and Street, City, State, Zip Code)		
1100 112th Avenue N.E., Suite 10		FWI F	[ 1D:
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner [ ] General and/or Managing Partner	[X] Executive Officer	[ ] Director
Full Name (Last name first, if indiv	ndual)		
Business or Residence Address (No	umber and Street, City, State, Zip Code)		
1100 112th Avenue N.E., Suite 10			
Additional transport of the state of th			

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Check Box(es) that Apply:		ficial Owner	[ ] Executive Officer	[X] Director		
	[ ] General and/or Managing Pa	artner				
Full Name (Last name first, if indiv	ridual)					
Elmore, William	·					
Business or Residence Address (N	umber and Street, City, State, Zip	Code)				
Foundation Capital, 75 Willow F	d., Suite 103, Menlo Park, Calif	fornia 94025				
Check Box(es) that Apply:		ficial Owner	[ ] Executive Officer	[X] Director		
<u> </u>	[ ] General and/or Managing Pa	artner				
Full Name (Last name first, if indi-	ridual)					
Bingham, H. Raymond						
Business or Residence Address (N	umber and Street, City, State, Zip	Code)				
Cadence Design Systems, Inc., 20	55 Seely Avenue, Building D, S	an Jose, California 9	5134			
Check Box(es) that Apply:	[] Promoter [] Bene	ficial Owner	[ ] Executive Officer	[X] Director		
	[ ] General and/or Managing Pa	artner				
Full Name (Last name first, if indi-	vidual)					
Santell, Daniel						
Business or Residence Address (N	umber and Street, City, State, Zip	Code)				
3314 W. Oceanfront, Newport B	each, California 92663					
Check Box(es) that Apply:	[] Promoter [] Bene	ficial Owner	[ ] Executive Officer	[X] Director		
	[ ] General and/or Managing Pa	artner				
Full Name (Last name first, if indi-	vidual)					
Dial, Teresa						
Business or Residence Address (N	umber and Street, City, State, Zip	Code)				
2223 Pacific Avenue, San Franci	sco, California 94115					
Check Box(es) that Apply:	[ ] Promoter [X] Bend	eficial Owner	[ ] Executive Officer	[ ] Director		
	[ ] General and/or Managing Pa	artner				
Full Name (Last name first, if indi-	vidual)					
WM Advisors, Inc.						
Business or Residence Address (N	umber and Street, City, State, Zip	Code)				
1201 Third Avenue, 22nd Floor,	1201 Third Avenue, 22nd Floor, Seattle, Washington 98102					
	(Use blank sheet, or copy and	d use additional assiss of	fthic chapt as nanassom:			
	(Ose orank sheet, or copy and	a use auditional copies of	uno onect, as necessary.)			

					B. IN	FORMA'	TION AI	OTUO	FFERIN	G À				
1.	Has the issue	r sold, or o	does the iss					tors in this nn 2, if fili			•••••			es No [X]
2.	What is the m	ninimu <b>f</b> n i	nvestment	that will b	e accepted	from any	individual'	?		•••••		***************************************	\$_	N/A
3.	Does the offe	ring perm	it joint ow	nership of	a single ur	nit?				••••••				es No ] [] <b>N/A</b>
4.	Enter the inforcemuneration agent of a brobe listed are a	for solici oker or de	tation of p aler registe	urchasers i cred with th	n connecti ne SEC an	ion with sa d/or with a	iles of secu a state or si	irities in th tates, list th	e offering. ne name of	If a person the broke	on to be lis r or dealer	ted is an as	ssociated po han five (5)	
Ful	Name (Last n	ame first,	if individu	al)										
Bus	siness or Reside	ence Addr	ess (Numb	er and Stre	et, City, S	tate, Zip C	ode)							
Nar	ne of Associate	ed Broker	or Dealer		·- <u>-</u>									
Stat	es in Which Pe	erson Liste	ed Has Sol	icited or In	tends to Se	olicit Purcl	nasers							
	(Check	"All State	s" or check	c individua	l States)		*******************************			*************		************	[ ] All	States
	[AL] [IL] [MT] [RI]	[AK] (IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Ful	Name (Last n				[IA]	[01]	<u> </u>	LYAI	1,7771			1 14 11	1110	
Bus	iness or Reside	ence Addr	ess (Numb	er and Stre	eet, City, S	tate, Zip C	Code)							
Nar	ne of Associate	ed Broker	or Dealer	· <del></del>	<u>-</u>		·			· <u>······</u>				
Stat	es in Which Pe	erson Liste	ed Has Sol	icited or In	tends to S	olicit Purch	nasers							
	(Check	"All States	s" or check	k individua	l States)								[ ] All	States
_	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Full	Name (Last n	ame first,	if individu	al)										
Bus	siness or Reside	ence Addr	ess (Numb	er and Stre	et, City, S	tate, Zip C	Code)						· · · · · · · · · · · · · · · · · · ·	
Nar	me of Associate	ed Broker	or Dealer											
Stat	tes in Which Pe	erson Liste	ed Has Sol	icited or In	tends to S	olicit Purch	nasers							
	(Check	"All State	s" or check	k individua	l States)			••••••					[ ] All	States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
		-		(Use blank										

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•	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an			
	exchange offering, check this box [ ] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	(	Aggregate Offering Price	Amount Already Sold
	Debt	\$_	offering Trice	\$
	Equity	\$	1,600,000	\$ 1,600,000
	[X] Common [] Preferred	*	1100000	*
	Convertible Securities (including warrants)	\$		\$
	Partnership Interests	\$		\$
	Other (specify)	\$ \$		\$
		-		
	Total	\$	1,600,000	\$ <u>1,600,000(</u>
	Answer also in Appendix, Column 3, if filing Under ULOE			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		1	Number of	Aggregate Dollar Amount
			Investors	of Purchases
	Accredited Investors		1	\$1,600,000(1)
	Non-accredited Investors			\$
	Total (for filings Under Rule 504 Only)			\$
	Answer also in Appendix, Column 4 if filing under ULOE			
3.	If this filing is for an offering Under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.			
	Type of offering		Type of Security	Dollar Amount Sold
	Rule 505			\$
	Regulation A			\$
	Rule 504			\$
	Total			\$
1.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate			
	Transfer Agent's Eggs		r 1	·
	Transfer Agent's Fees			\$
	Printing and Engraving Costs			\$
	Legal Fees			\$50,000
	Accounting Fees			\$
	Engineering Fees			\$
	Sales Commissions (Specify finder's fees separately)			\$
	Other Expenses (identify):			\$
	Total		רשו	\$ 150,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

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(1) Represents the dollar value of Common Stock issued as payment for the purchase of assets of another company.

	<ul> <li>b. Enter the difference between the aggregate offering price</li> <li>– Question 1 and total expenses furnished in response to Podifference is the "adjusted gross proceeds to the issuer."</li> </ul>	art C - Question 4.a. This			\$ <u>1,450,000</u>
5.	Indicate below the amount of the adjusted gross proce- proposed to be used for each of the purposes shown. If the not known, furnish an estimate and check the box to the lef of the payments listed must equal the adjusted gross proceed response to Part C – Question 4.b above.	amount for any purpose is to of the estimate. The total			
	·			ents to Officers, ors, & Affiliates	Payments To Others
	Salaries and fees	[]	\$	[]	\$
	Purchase of real estate	[ ]	\$	[ ]	\$
	Purchase, rental or leasing and installation of machiner	y and equipment [ ]	\$	[]	\$
	Construction or leasing of plant buildings and facilities	[]	\$	[]	\$
	Acquisition of other businesses (including the value o offering that may be used in exchange for the asset issuer pursuant to a merger)	ets of securities of another	\$	[]	\$
	Repayment of indebtedness			[]	\$
	Working capital	[]	\$	[X]	\$ 1,450,000
	Other:	[]	\$	[]	\$
	Column totals	[]	\$	[X]	\$1,450,000
	Total payments listed (column totals added)		[X] <u>9</u>	1,450,000	
(6 ) 3. ( ) ( )	<b>D.</b> 1	FEDERAL SIGNATURE			
consti	issuer has duly caused this notice to be signed by the undersigned tutes an undertaking by the issuer to furnish to the U.S. Securities suer to any non-accredited investor pursuant to paragraph (b)(2) of	duly authorized person. If this s and Exchange Commission,	s notice is fi upon writte	led under Rule 505, n request of its staff,	the following signature the information furnished by
Issuer	(Print or Type) Onyx Software Corporation	Signature	2		Date April 7,200
Name	of Signer (Print or Type)  Paul Dauber	Title of Signer (Pri Secretary	nt or Type)		

# Attention

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)